

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213503562		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Legal Aid Justice Center</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: W. STEPHEN SCOTT 418 EAST WATER ST. P.O. BOX 2737</p> <p>CHARLOTTESVILLE, VA 22902</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/24/2013</p> <p>SCC ID NO: 01116441</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1000 PRESTON AVENUE SUITE A</p> <p style="text-align: center;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: D BROCK GREEN TITLE: DIRECTOR ADDRESS: 917 E JEFFERSON CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: D BROCK GREEN TITLE: DIRECTOR ADDRESS: 917 E JEFFERSON CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOY JOHNSON TITLE: VICE PRESIDENT ADDRESS: 823-D HARDY DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOY JOHNSON TITLE: VICE PRESIDENT ADDRESS: 823-D HARDY DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOY JOHNSON TITLE: VICE PRESIDENT ADDRESS: 823-D HARDY DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TRACEY C HOPPER TITLE: PRESIDENT ADDRESS: PO BOX 1504 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TRACEY C HOPPER TITLE: PRESIDENT ADDRESS: PO BOX 1504 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TRACEY C HOPPER TITLE: PRESIDENT ADDRESS: PO BOX 1504 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EVA ANTHONY TITLE: DIRECTOR ADDRESS: 1802 MAIDENS ROAD CITY/ST/ZIP/CO: MAIDENS, VA 23063 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EVA ANTHONY TITLE: DIRECTOR ADDRESS: 1802 MAIDENS ROAD CITY/ST/ZIP/CO: MAIDENS, VA 23063	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HERBERT L BESKIN TITLE: DIRECTOR ADDRESS: 123 E MAIN ST STE 310 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: HERBERT L BESKIN TITLE: DIRECTOR ADDRESS: 123 E MAIN ST STE 310 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HERBERT L BESKIN TITLE: DIRECTOR ADDRESS: 123 E MAIN ST STE 310 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JONATHAN T BLANK TITLE: TREASURER ADDRESS: 310 FOURTH STREET NE CITY/ST/ZIP/CO: 2ND & 3RD FLOORS CHARLOTTESVILLE, VA 22902 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JONATHAN T BLANK TITLE: TREASURER ADDRESS: 310 FOURTH STREET NE CITY/ST/ZIP/CO: 2ND & 3RD FLOORS CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JONATHAN T BLANK TITLE: TREASURER ADDRESS: 310 FOURTH STREET NE CITY/ST/ZIP/CO: 2ND & 3RD FLOORS CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	LINDA FREEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1513 SILVER AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23224		
NAME:	DEIRDRE GILMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	922 D SOUTH FIRST STREET		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	JOHN M OAKLEY JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE JAMES CENTER		
CITY/ST/ZIP/CO:	901 EAST CARY STREET RICHMOND, VA 23219		
NAME:	THOMAS G SLATER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	RIVERFRONT PLAZA EAST TOWER		
CITY/ST/ZIP/CO:	941 EAST BYRD STREET RICHMOND, VA 23219		
NAME:	JAMES A. MCCAULEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 FOREST AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23255		
NAME:	JOHN H. COBB, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	105 MARSHALL STREET		
CITY/ST/ZIP/CO:	2ND FLOOR PETERSBURG, VA 23803		
NAME:	THOMAS STARK, IV	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5540 FLAMOUTH STREET		
CITY/ST/ZIP/CO:	SUITE 107 RICHMOND, VA 23230		
NAME:	CHARLES K. SEYFARTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	950 E BYRD STREET		
CITY/ST/ZIP/CO:	8TH FLOOR RICHMOND, VA 23219		
NAME:	HARRY "PETE" M. JOHNSON, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	941 EAST BRYD STREET		
CITY/ST/ZIP/CO:	RICHMON, VA 23319		
NAME:	ANTHONY J. GAMBARDELLA, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 EAST BRYD STREET		
CITY/ST/ZIP/CO:	SUITE 1550 RICHMOND, VA 23219		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRVING M. BLANK DIRECTOR 1804 STAPLES MILL ROAD 1ST FLOOR RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EARL J. GEE DIRECTOR 211 EAST GERMAN SCHOOL ROAD RICHMOND, VA 23224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAUN E. MILANES DIRECTOR 1831 WIEHLE AVENUE RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CORA HAYES DIRECTOR 3517 BRIEL STREET # 16 RICHMOND, VA 23223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DORA CALLAHAN DIRECTOR 605 N 21ST STREET RICHMOND, VA 23223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TINA WASHINGTON DIRECTOR 726 B PROPECT AVENUE CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E. RYAN DIRECTOR 580 MASSIE ROAD CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TRACEY C HOPPER		TRACEY C HOPPER, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			